

Summer 2015

Clinic Connection: Summer 2015

CentraCare Clinic

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Recommended Citation

CentraCare Clinic, "Clinic Connection: Summer 2015" (2015). *Clinic Connection*. 8.
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Clinic connection

A publication from CentraCare Clinic
for health care providers in Central Minnesota

St. Cloud Hospital Patient Transfer Line 888-387-2862

Acute Myocardial Infarction
877-STEMI-SC or 877-783-6472

Adult Critical Care Intensivists
320-309-8132

Behavioral Health Access Nurse
320-255-5774

Behavioral Health (adult)
320-229-4977

Behavioral Health (pediatrics)
320-229-4945

Hospitalists 320-250-2678

Pediatric Hospitalists 320-255-5742

CentraCare Clinic Specialties

Allergy 320-654-3650

Bariatric Medicine 320-240-2828

Cardiology & Cardiac Surgery
320-656-7020

Dermatology 320-229-4924

Endocrinology 320-229-5000

Gastroenterology 320-229-4916

Genetics 320-654-3654

Infectious Disease 320-240-2204

Internal Medicine 320-240-2203
or 320-229-4928

Interventional Neurology 320-240-2829

Maternal & Fetal Medicine
320-656-7024

Neonatology 320-255-5781

Nephrology 320-240-2206

Neurology 320-240-2829

Neurosurgery 320-240-2836

Obstetrics & Gynecology 320-654-3630

Oncology/Hematology 320-229-4907

Pediatric Critical Care 320-255-5781

Pediatrics 320-654-3610

Pulmonology 320-240-2207

Radiation Oncology 320-229-4901

Rheumatology 320-240-2208

Sleep Medicine 320-251-0726

Sports Medicine 320-229-4917

Surgery 320-252-3342

Urology 320-259-1411

Wound Care 320-656-7100

Physician Referral Line

320-240-2201
800-458-7272

President's Message

Changes are a comin'

By David Tilstra, MD, CPE
President, CentraCare Clinic



Medicine is in the midst of its biggest change since the early days of the 20th century. Likewise, CentraCare Health is making its biggest changes since it began in 1995. Our former CEO, Terry Pladson, MD, has retired and Ken Holmen, MD, has replaced him. A change in CEOs often brings other changes, and CentraCare is no exception. CentraCare has embarked on a plan to change our culture to be more collaborative, more appreciative and more agile. We will undergo a structure change in the next year that should allow more physicians to be involved in making decisions about the direction of the organization. CentraCare will continue to focus on population health in a variety of ways that include improving the coordination of care for our sickest patients, while also engaging our communities to improve the health of the region. Change can be hard, but changes are necessary to make things better. CentraCare will be a better organization as a result of these changes.

Among these changes, we will continue to focus on recruiting more physicians and expanding our services. Seventeen new providers will arrive in the next few months, improving our access in a number of specialties including radiation oncology, rheumatology, endocrinology, pulmonary medicine, cardiac surgery, hospital medicine, pediatric hospital medicine, urology, interventional neurology, general surgery and family medicine. Please welcome these colleagues to Central Minnesota so that patients can receive the best care close to home.

CENTRA CARE Clinic

Minnesota Legislature addresses shortage of mental health services

By Dave Hartford, Care Center Director, St. Cloud Hospital Behavioral Health Services



Our mental health service delivery system has been in crisis for some time. There has been poor access to timely and appropriate services for people with mental health conditions. People in our community and across the state have experienced the ongoing unavailability of outpatient mental health appointments, poor access to local inpatient psychiatric beds and inadequate community mental health services of all types. The long standing stigma associated with mental illness has helped to drive the current disparity between services that treat mental illness and services to treat medical conditions. The mental health delivery system suffers from workforce shortages, funding shortfalls and inadequate coordination with other health care providers.

The Minnesota Mental Health Legislative Network, the Minnesota Hospital Association and other advocacy groups have worked hard to inform and educate policy makers on the current service gaps for people with mental illness. In collaboration with the Minnesota Department of Human Services, the Minnesota Legislature passed more than

\$46 million in new funding for the biennium for mental health services and treatment.

For details, visit <http://www.centracare.com/about-us/news-publications/daily-dose/mn-legislature-addresses-shortage-of-mental-health-services/>.

Thanks to each and every one of you who called and wrote your legislators. It's your voice that made the difference. This increase in funding will help improve Minnesota's mental health services.

CentraCare Health is working closely with our community partners to improve mental health services in our community, such as promoting the "Make it OK" campaign to address mental health stigma. We look forward to further collaboration in our efforts to use the newly approved funding.

For more information or collaboration ideas, please contact me at 320-251-2700, ext. 23790.

Learn what to say to Make It OK



Talking about mental illnesses can be difficult. Here are some tips:



"Thanks for opening up to me."

"How can I help?"

"I'm sorry to hear that. It must be tough."

"I'm here for you when you need me."

"I can't imagine what you're going through."

"People do get better."



"It could be worse."

"Snap out of it."

"Everyone feels that way sometimes."

"We've all been there."

"You've got to pull yourself together."

"Oh man, that sucks."

Make It **OK**.org

CentraCare, Central Minnesota Mental Health Center explore partnership

Leaders from CentraCare Health and the Central Minnesota Mental Health Center in St. Cloud are discussing the possibility of the Mental Health Center joining CentraCare, ensuring seamless access to medical and mental health care. As the health care industry undergoes tremendous change, mental health centers across the country are partnering with other organizations to better meet the challenges of health care reform.

CentraCare and the Mental Health Center have always partnered and collaborated. This arrangement would probably be a closer partnership and could further goals to better integrate mental health into all forms of health care, including with primary doctors.

If it were to happen, it could be groundbreaking for Minnesota. The state hasn't seen a partnership before between a community mental health center and a health care system.

Training helps to reduce binge drinking in patients

By Lana Nelson, Staff Psychotherapist, St. Cloud Hospital Behavioral Health Services



CentraCare Health physicians and patient care coordinators have enhanced their skills in screening and intervening with patients who misuse alcohol and/or drugs, thanks to a \$600,000 grant from the U.S. Department of Human Services Alcohol and Drug Abuse Division.

Only one in seven Minnesota adults discusses alcohol or illicit drug consumption with a health care professional, according to a study by the Centers for Disease Control and Prevention.

Integrating addiction services into mainstream health care and the physical and mental health problems that are intertwined with it is the only way to tackle the misuse and abuse of substances in the U.S. according to the Institute for Research, Education and Training in Addictions (IRETA).

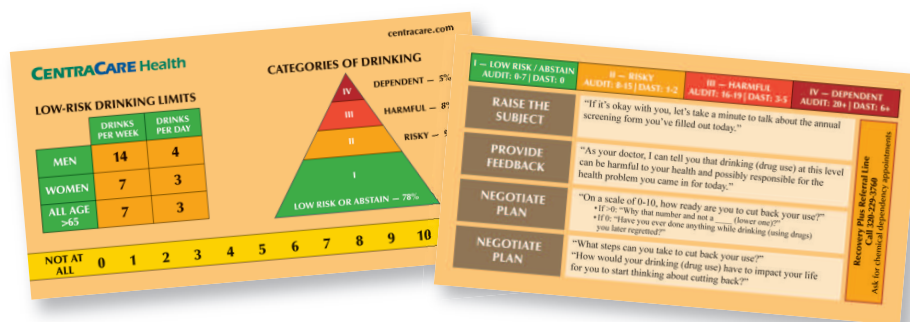
The goal of the grant to CentraCare Health was to train primary care providers and patient care coordinators on the benefits of Screening, Brief Intervention and Referral to Treatment (SBIRT). Through motivational interviewing, health care providers often can improve the overall health

of patients related to their alcohol use and misuse of prescription drugs. Other healthy lifestyle factors assessed include: physical activity, nutrition, tobacco and cigarette usage, positive thinking and sleep hygiene.

CentraCare Health's SBIRT project staff hosted five, two-day training seminars on motivational interviewing and the SBIRT model of care. These seminars were attended by 200 physicians, APPs, nurses and other care providers from throughout the state.

The project conducted screenings on more than 2,000 CentraCare patients during the one-year grant period and provided support and counseling to those in need. Follow-up reporting from patients who participated in the screening showed they were binge drinking an average of 3.5 times less per month after completing the counseling.

For more information about SBIRT screening, contact Daniel Backes, project manager of Grants, at 320-229-5199 ext. 70766.



CentraCare created this pocket-size reference card for providers using motivational interviewing when discussing alcohol and drug use with patients. If you are interested in receiving a copy of the card, contact Daniel Backes at 320-229-5199 ext. 70766.

New Scleroderma Support Group

The Central Minnesota Scleroderma Foundation Support Group meets from 6-8 p.m. the second Thursday of each month at CentraCare Health – Long Prairie, 20 Ninth Street Southeast in Long Prairie. This is the only support group north of the Twin Cities and south of Duluth.

For more information, contact Becki Haight at becjo_09@hotmail.com.

Support group leader, Becki Haight of Long Prairie, was diagnosed with scleroderma in 2008 and started the group to share what she has learned about living with scleroderma, such as diet and exercise tips. In addition to those with the disease, Becki hopes to educate loved ones, caregivers, community and medical professionals about this rare disease and the many challenges it wreaks upon those who live with it.

Introducing our new CentraCare Clinic Specialist

Rheumatology

CentraCare Clinic – River Campus, 320-240-2208



Patrick Kern, DO

Medical School: Des Moines University College of Osteopathic Medicine

Residency: University of Iowa in Des Moines

Fellowship: Rheumatology University of Kansas Medical Center, Kansas City

Board Certified: Internal Medicine

Access all CentraCare Clinic physician bios online at centracare.com

Reducing Readmissions for Hyperbilirubinemia at St. Cloud Hospital

By **Kathy Kulus, MD, Pediatric Hospitalist, St. Cloud Hospital** and **Kristi Patterson, RN BSN, Senior Performance Improvement Clinical Consultant**



To improve the care of newborns with hyperbilirubinemia, we started using the Bhutani nomograms and American Academy of Pediatric guidelines to create an Epic “template” or smart text for the newborn discharge summary. This new template allows us to appropriately document the diagnosis as well as the detailed risk level and recommended follow up.

Our denominator now includes high-risk, high-intermediate risk and low-intermediate risk zone babies and more accurately reflects the numbers of newborns at risk for readmission due to hyperbilirubinemia.

We also began measuring newborn bilirubin levels earlier in their hospital stay. Previously, we relied on perception of jaundice on physical exam and measured the bilirubin level at time of discharge, regardless of hours of age. We now do a transcutaneous bilirubin level (TCB) on all newborns in the level I nursery at 24 hours of age. Per the Bhutani nomogram (we use bilitool.org to plot levels), if the level is in the high-risk zone, we draw a serum bilirubin (TSB) level to verify. If the TSB also is in the high-risk zone, we order a type and Coombs’ test on the cord blood and monitor the newborn more frequently with TSB — potentially

starting phototherapy while in the hospital. If the TSB or TCB is not in the high-risk zone, the newborn is rechecked every 24 hours with a TCB. This process could be incorporated easily into any newborn nursery. Our Epic team has simplified the process for using bilitool.org with TSB by linking the result directly to the tool.

With these changes, St. Cloud Hospital decreased its 30-day readmission rate for newborns with hyperbilirubinemia

from 3.4 percent to 1.1 percent, exceeding the team’s goal. Our team approach allowed

members to work on the project and gain various perspectives for improving care for our very special newborn patients.

For more information, contact St. Cloud Hospital’s Family Birthing Center at 320-255-5745.

Physical Condition at Discharge	
1. 30 Infant female	
2. Hyperbilirubinemia risk (bili risk zone:29127)	Clinically significant; high risk zone - follow-up bilirubin recommended within 24 hours. Bilirubin to be drawn prior to clinic visit.
3. Other concerns: (concerns of:32593)	Clinically significant; high intermediate risk zone - follow-up visit and/or recheck bilirubin is recommended within 24-48 hours. Clinic provider will order bilirubin if needed.
(newborn discharge plan:17732)	Clinically significant; low intermediate risk zone - follow-up visit and/or recheck bilirubin is recommended within 48 hours. Clinic provider will order bilirubin if needed.
Discharge Medications	Not clinically significant; low risk zone - no bilirubin follow-up needed.



BiliSoft blankets used for phototherapy allow parents to hold and feed their infants during treatment and decreases length of stay.

Cancer Center Update

As you may have seen in the media, a concern about our radiation oncology program was raised internally in 2014, prompting CentraCare Health to bring in outside experts to conduct a review. The review identified opportunities for improvement and CentraCare immediately implemented the recommended changes in staffing, practices and protocols. We are deeply sorry that any of our patients experienced variances. Individual patients with variances in their radiation treatment have been contacted and CentraCare is working with them in follow-up. Only patients whose treatment plans could have been improved based on this external review were contacted. Patients who were NOT

contacted did not have any variances noted in their treatment plans. CentraCare continues to work with the Minnesota Department of Health to ensure that our Cancer program meets or exceed standards. We are committed to providing the highest quality care to all of our patients.

If one of your patients has received radiation therapy at the Coborn Cancer Center and has concerns, please have them call **320-200-3025** or **1-800-819-5429**. Providers with specific patient concerns should contact the Director of Quality and Patient Safety at **320-255-5780** or Honkompb@centracare.com.

E/M Service on the same day as a procedure

By Connie Goulet, CPC; Sue Stein, CPC; Jessica Timmer, CPC; and Lindsey Theisen, RHIT, CentraCare Health Compliance Specialists

Over the past few years, payers have increased claim scrutiny to ensure reimbursement matches the services documented within the medical record. As a result, claim denials and requests for medical record review when an E/M service is performed on the same day as a procedure have increased.

Reminders:

- E/M services on the same day as a minor surgical procedure are included in the payment of the procedure.
 - *Minor procedure = Global period of 0 – 10 days*
- Significant and separately identifiable E/M services, unrelated to the decision to perform the minor surgical procedure, are separately reportable with a modifier 25.
 - *i.e. a separate diagnosis*
- If a minor surgical procedure is performed on a new patient, the same rules apply.
 - *The fact that the patient is “new” to the provider is not sufficient enough to justify reporting an E/M service on the same day as a minor surgical procedure.*
- All procedure codes including pre-, intra- and post-procedural work are required as part of the procedure. Do not report a separate E/M code for this work.
 - *Payers will consider this to be “procedure code unbundling”*

- E/M services on the same day as a major surgical procedure, for the purpose of deciding whether to perform the procedure, is separately reportable with a modifier 57; decision for surgery.
 - *Major procedure = Global period of 90 days*
 - *Other pre-, intra- or post-procedural work on the same day as a major surgical procedure is included within the procedure code and is not billed separately.*

The safest, most practical thing to remember is that the E/M documentation must indicate the E/M service was above and beyond what is included in the procedure and, upon review, must stand on its own to support the level of service reported.

Reference: McNicholas, Faith. “Reporting an E/M Service on the Same Day as a Procedure.”
AAPC Healthcare Business Monthly. June 2015:
pages 18-20. Print Volume 2, Number 6

St. Cloud Hospital recognized as a 100 Top Hospital



St. Cloud Hospital has been named a Truven Health Analytics™ 100 Top Hospital in the “teaching hospitals” category for the ninth time. Only one Minnesota hospital has earned 100 Top status more times than St. Cloud Hospital.

The 100 Top Hospitals® study is among the most authoritative U.S. hospital quality studies today, utilizing only quantifiable, unbiased public data. The evaluation assesses almost 2,800 hospitals on 11 key measures across five domains: clinical quality, extended outcomes, efficiency, financial health and patient assessment of care.

The renowned Truven Health Analytics annual 100 Top Hospitals study incorporates independent public data; proprietary, risk-adjusted and peer-reviewed methodology; and key performance metrics to arrive at an objective, independent analysis of the best hospitals in the nation.

For the 2015 study, Truven is testing new performance measures to update basic standards of inpatient care and to expand the balanced scorecard across the continuum of care. The added measures are:

- **New Core Measures:** including the new stroke care and blood clot treatment measures from the expanded CMS core measures set. They also are publishing the emergency department efficiency measures again this year.
- **New 30-Day Mortality and Readmission Measures:** including the new condition-specific outcome measures that CMS publicly reported in its most recent hospital compare dataset. These COPD and Stroke 30-day mortality and readmission measures are displayed in this study for the first time. The data period for these measures is July 1, 2010-June 30, 2013.

Clinic connection

Clinic Connection is published quarterly by CentraCare Clinic, 1200 Sixth Ave. N., St. Cloud, MN 56303. CentraCare Clinic is part of CentraCare Health.

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A publication from CentraCare Clinic
for health care providers in Central Minnesota

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Safety concern for some patients using the ResMed ASV devices and BiPAP AutoSV

By Troy Payne, MD, Medical Director, St. Cloud Hospital and Douglas County Hospital Sleep Centers

On May 13, we received a field safety notice from ResMed about a serious safety concern from the SERVE-HF clinical trial. This trial investigated the effect of Adaptive Servo-Ventilation (ASV) therapy on the hospitalization and mortality rate of patients with symptomatic chronic congestive heart failure with a reduced left ventricular ejection fraction of 45 percent or less and moderate to severe predominantly central sleep apnea (Apnea Hypopnea Index of 15 or greater with predominantly central sleep apnea).

For this patient population, there is a 33.5 percent increased risk of cardiovascular death, compared to equivalent patients who are not on ASV therapy (absolute annual risk: 10 percent in ASV population versus 7.5 percent in control group).

ResMed stated, "Providers managing patients with symptomatic chronic heart failure with reduced ejection

fraction who are using ResMed ASV devices should contact their patients to discuss discontinuation of treatment."

On May 15, Phillips Respironics recommended providers follow the same advice for its Auto SV machine, called the BiPAP AutoSV.

Details of the announcement are available on the ResMed web site at: www.resmed.com – Search for SERVE-HF Study results

If you have patients who were using one of these devices and would need a referral, please call the St. Cloud Hospital Sleep Center at 320-251-0726.

